

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

St Magnus Hospital & Rosemary Park Nursing Home

Marley Lane, Marley Common, Haslemere, GU27
3PX

Tel: 01428643125

Date of Inspections: 06 June 2013
28 May 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Oldercare (Haslemere) Limited
Registered Manager	Mrs. Patricia Jeffery
Overview of the service	This service comprised of two parts; St Magnus Hospital which provides residential care for persons detained under the Mental Health Act 1983 and Rosemary Park Nursing Home, which provides residential care to older people with mental health care needs. Both buildings are on the same site at Marley Common, Haslemere.
Type of services	Care home service with nursing Hospital services for people with mental health needs, learning disabilities and problems with substance misuse
Regulated activities	Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2013 and 6 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We were accompanied by a Mental Health Act commissioner who met with patients who are detained or receiving supervised community treatment under the Mental Health Act 1983.

What people told us and what we found

At this inspection we focussed on the hospital wards of Park House and Oak. We also looked around the other wards and checked a concern with the heating in the nursing home. We spoke with three patients and five members of the nursing and care team.

The patients we spoke with all said that they were treated well and received care and support in a manner that met their needs. One person told us that the hospital staff were helping him to maintain a healthy outlook on life. Another person said, "I have nothing to be concerned about, I am treated well".

We found that the hospital was meeting the standards we inspected at this visit. We observed people and staff interacting positively. People were treated with respect and staff responded promptly to the requests for assistance from people.

Staff spoke positively about their work, demonstrated a good knowledge of people's needs and how to meet them. They told us they were supported by an approachable senior management team. We received feedback from other disciplines working in the hospital including the speech and language therapist and a social worker. They spoke positively about the care staff, "They work very well with people, their interaction remains positive under very challenging situations.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

At this inspection we spoke with three patients and observed the interaction between staff and patients on Park House Ward and Oak Ward. We looked at six care records for patients and found these to contain a number of care plans, risk assessments and strategies to meet the specific needs of patients.

The plans we saw evidenced the involvement of people in the care and treatment planning process. The individual's contribution to the plan varied and we saw that staff had recorded the responses or views of people in the monthly reviews of these plans. Monthly multidisciplinary review meetings take place involving the patient and their support staff.

One patient told us that they felt supported by staff to take part in planning their care. Another patient told us that they have regular meetings with nursing staff and doctors to discuss their health and they were happy with their level of involvement. They said, "I go to meetings a bit like this one we are having and I have my chance to talk about how I feel".

Another person said, "I am happy with the care and treatment I receive. I would like to move on as soon as possible and I have regular meetings to discuss this".

All three people we spoke with said that they were treated with respect and their dignity was maintained. One person said, "I have no concerns, I am treated with respect. The staff have been very supportive".

During our inspection we observed people being helped by staff to take part in activities and to attend to personal care needs. The staff interaction was positive; people were spoken with politely and engaged in conversation or an activity. We observed a staff member supporting an individual who was agitated. The staff member assisted the person to engage in an activity that helped them to reduce their level of anxiety.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans we saw covered mental and physical healthcare needs of patients together with daily personal care needs. We saw evidence of regular review and reassessment of patient's needs. Risk assessments were in place including malnutrition, mobility, falls, violence and aggression. Plans also included routines for people at night. We saw detailed intervention strategies for patients including eating and drinking completed by the speech and language therapist (SALT) and dietician. These strategies included an assessment of risk were the individual was at risk of choking and clear guidance for staff on how to support the individual with eating their meals and drinking.

The provider may wish to note that the level of detail in care plans varied. The lack of detail could lead to the inconsistent delivery of care. For example one person's guidelines for personal care did not indicate how staff should support the individual with this task. Staff explained that the person's abilities fluctuated dependent on their wellbeing. This meant that staff were required to prompt on some occasions and physically assist on others, however this was not captured in the plan. Another plan referred to staff being aware of the C and R (restraint) when assisting the person in the bathroom. This plan did not identify the risk when supporting the individual and what restraint or breakaway techniques were required. The nurse in charge that we spoke with acknowledged the gaps in information. They told us that the details of how to support patients were not always written down as they discussed this as a team and there was a low turnover of staff. We spoke with a representative of the provider and they acknowledged the issues in plans and told us they were moving to a different format already in use in the nursing home on site. We saw information on records that confirmed this.

We spend time observing patients and the support they received from staff. We saw staff help people to take part in activities and attend to personal care needs. We noted that when people called for assistance staff responded promptly. We noted from plans that some people required 1:1 support and we saw that this support was in place.

When we spoke to staff they demonstrated knowledge of the needs of individual patients.

They were able to tell us how they supported people with their physical and healthcare needs. For example staff were able to confirm people's mealtime routines and the support they needed to provide to help people to eat and drink. Staff told us that they had access to care planning information and received support from senior colleagues to understand how to support people with their assessed needs.

There were arrangements in place to deal with foreseeable emergencies. We saw that the hospital had an emergency plan in place to ensure the continuity of care for people in the event of a serious emergency in the hospital. We spoke to staff who told us that they had received training in emergency first aid. The ward manager was able to explain how medical emergencies are dealt with in the hospital and there were emergency medical kits available for use. We saw a record to confirm the location and audit of these kits.

During this inspection we saw activities taking place for people. These activities included card and board games, painting and discussions. People were seen walking with staff in the grounds and making use of secure garden/outdoor spaces. We spoke with one of the hospital's activity co-ordinators. They told us how they provided both structured and informal activities for people. They told us they had a flexible approach to working with people which encouraged participation. They told us that when they offered an activity at a pace that suited the individual there was more chance of that person engaging".

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke to patients about the food provided in the hospital. The response was positive and patients told us that the meals were good and met their needs. One person told us, "There's a good choice of things to eat and plenty to drink".

We were provided with a menu plan which we were told changes according to the season and feedback from patients and staff. The meals being supplied to the wards were seen and these looked appetising and well presented.

We observed staff assisting people with their meals. This was done in a sensitive manner. We saw that people who were reluctant to eat were encouraged to eat by staff. They made repeated attempts to encourage the individual and offer alternatives. A staff member told us, "We have a plan to support the person. It can be very difficult to get this person to eat but we try different foods. The main thing is they continue to eat something". Patients were given time to eat their meals and not rushed at any point.

One person said, "The meals are fine and I enjoy what I have to eat".

We saw that weights were monitored on a weekly basis and the hospital worked with a speech and language therapist (SALT) and a dietician to develop eating plans, malnutrition risk assessments and these were kept under review.

We spoke with the SALT during our inspection. They told us that they work with all departments to ensure that patients receive appropriate support with their eating and drinking needs. A significant number of people had been identified as being at risk of choking or malnutrition and each person has a support plan. They felt these were working well although some improvements could be made to ensure the meals provided met current best practice guidance.

On the second day of our inspection we were informed that a meeting was taking place to discuss the findings of an audit carried out by the hospital staff in relation to the provision of soft diets. We were informed by ward managers who attended the meeting that a working group has been set up to implement the recommendations of the report.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

We looked around the premises during our inspection. We found it to be in a good state of repair and free for any unpleasant odours. The service was decorated to a good standard and people were seen accessing all communal areas. Patients told us that they were very happy with the service and their private bedrooms. Two people gave permission for us to view their personal rooms. We saw that they had been able to personalise their rooms with personal possessions.

One person said, "It's a comfortable and nice place. I have everything I need. Another person said, "Its good I can't think of anything else to say".

The provider may wish to note that during our inspection we observed that the wards had limited signage and guidance for people who had cognitive impairment or dementia. This was notable on Park Ward where the rooms and hallways did not have signs to assist people with orientation and navigation around the ward. This was also raised by one of the staff members we spoke with during the inspection. They told us that they felt better information for people would enhance the environment and promote independence.

We examined the servicing and maintenance records. We saw that the service had up to date records to confirm that heating, hot water, fire and emergency systems had been checked and serviced. We also saw evidence of gas and electrical safety checks. We saw that health and safety audits were completed including annual ligature risk audit. The provider supplied an update on the recommendations from this audit to demonstrate that any risks have been removed or reduced.

Prior to our inspection we received information of concern that suggested the link corridor joining the bedrooms to the communal areas in the nursing home was not functioning. We checked this during our inspection and spoke to the manager. They confirmed there had been an issue with the electrical supply to the heaters and provided documentation to this effect. We were told that this had been resolved and we checked and confirmed the heaters were operational.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People were made aware of the complaints system. We saw that the service's complaints policy including details of how people could complain was displayed and made available to visitors and families.

The people we spoke with told us that they felt they could raise any concerns with the staff team or the manager and they would be responded to.

One person said, "I would talk with X (staff member) if I was worried or concerned about anything".

People's complaints were investigated and resolved where possible. We looked at the complaints log. We were shown evidence of the resolution of complaints. We saw that these complaints had been dealt with in line with the provider's policy. We saw evidence that when people had raised a concern they received a written acknowledgement and response to the complaint. We also saw evidence of face to face meetings with people following the receipt of a complaint or concern.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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